PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001									
CLAIMS AS FILED - PART I (Column 2)				SMALL	ENTITY	OR		R THAN ENTITY	1
TOTAL CLAIMS	28			RATE	FEE	ר"	RATE	FEE	4
FOR	MUMBER FILED	NUMBER EXT	RA	BASIC FE	370.00		BASIC FE		1
TOTAL CHARGEABLE CLAIMS	28 minus 20-	• 9	7	X\$ 9-	 	OR	2000	162	1
INDEPENDENT CLAIMS	DENT CLAIMS 6 minus 9 = 3		\neg	X42=	 	1		252	1
MULTIPLE DEPENDENT CLAIM PRESENT				+140=		OR			1
*If the difference in column 1 is less than zero, enter '0' in column 2			2	TOTAL		OR OR	+280=	1154	1
Amot Claims AS AMENDED - PART II					<u> </u>	Jou	OTHER		1
T- T		DIAL CONTAIN	m 3)	SMALL	ENTITY	OR	SMALL		
CLAILIS REMANHING AFTER AMENDMENT Total Independent Independent Total Independent Independent Total Independent Total Independent Total Independent Independe	HEGHI NEJNE PREVIO RAIO (ER PRES		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1_
Total • QG	Minus = 2	7 . 0		X\$ 9=		OR	X\$18=	0	S
FIRST PRESENTATION OF MU	Minus (- 4 CAR4 F		X42=	·	OR	X86-	344.a	2
THE PRESENTATION OF MIC	CIT-CE DEP ENDENT	COUR	لــــــــــــــــــــــــــــــــــــــ	+140=		OR	+280=		AVCITOR
•	•	•		TOTAL		OR	TOTAL	344. €	2
(Column 1)	(Colum	in 2) (Calum	nn 31	ADDIT. FEE		,	NOOM, FEE	0151	ĪĒ
CLAIMS REMAINING AFTER AMENDMENT	RIGHE NEMB PREVIO PAID F	ER PRESI	ENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	7
	MIRKES	9	<u>`</u>	X\$ 9=		OR	X\$18=		2
FIRST PRESENTATION OF MU	Minus	CIAHA	-	-X42≈		ОЯ	-X84»		VVY
TFWRCE/Amdt				+140=		OR	+280=		7
4. Regimes	•			TOTAL		OR .	YOTAL		
2-14-05 (Column 1)	(Colum			addit, fee i		, C.,	DDIT. FEE		
REMAINING AFTER AMENDMENT	HIGHE NUMBE PRÉVIOU PAID FO	PRESE		RATE	ADDI- TIONAL FEE	ſ	RATE	ACCI. TIONAL	
Total • 27	dinus - 20	9 · C		X\$ 9=		OR	\$0 X\$ 48 ≥	FEE	! }
	Vinus	0 - 1	\sqcup	X42=		- F	200 X	200,00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+140=		OR			-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3, "If the "Highest Number Previously Pale For IN THIS SPACE is less than 20, enter "20," ""If the "Highest Number Previously Paid For IN THIS SPACE is less than 2, enter "3,"				TOTAL DOTT. FEE		OR L	TOTAL	200:00	
The "Highest Number Previously Paid RM PT0-075 (Rox 901)	For (fotal or Independent) is the highest re	uraber fou	_		in colur	na 1.		